

**Chapter 5 – Custody and Security Operations****Article 45 - Care, Treatment, and Security of  
Pregnant Offenders***Effective June 9, 2006***54045.1 Policy**

The California Department of Corrections and Rehabilitation (CDCR) staff shall ensure a pregnant offender is not placed in restraints by the wrists, ankles, or both during labor, including during transport, delivery, and while in recovery after giving birth, except as provided in Penal Code Section 5007.7. Health care staff shall provide medical care for the pregnant offender population. Pregnant offenders shall receive, within the second trimester of gestation, a dental examination, periodontal evaluation, and the necessary periodontal treatment in order to maintain periodontal health during the gestation period.

**54045.2 Purpose**

This policy will ensure the safety of female offenders and the unborn child during pregnancy. It will also ensure medical care concerns are met regarding the pregnant offender population and birth of children at local hospitals and to establish protocols which prevent or treat gingivitis and/or periodontitis during pregnancy.

**54045.3 Medical Care – Reception**

The pregnant offender's medical care is initiated in Receiving and Release (R&R) when it is determined, by self report or physical appearance that the offender is pregnant, confirmed by physical examination and laboratory test results.

A Registered Nurse (RN) or Medical Technical Assistant (MTA) shall conduct the initial health screening in R&R. The health care staff shall notify the Obstetrical (OB) Coordinator by telephone or written documentation of the offender's name, CDC number, and any pertinent medical information regarding the offender's pregnancy status. The R&R RN shall notify the Supervising Obstetrician if information provided by the offender or from written information indicates that the offender has any medical conditions that place the patient in a high-risk status. The RN shall notify the Supervising Obstetrician, Health Care Manager/Chief Medical Officer (HCM/CMO) or designee if the offender needs to be seen for any urgent/emergent conditions.

A priority ducat for laboratory work to verify the pregnancy will be issued to all suspected pregnant offenders within three (3) business days of arrival at the institution.

A priority ducat for an examination by the OB Physician or OB Nurse Practitioner (NP) will be issued to all pregnant offenders within seven (7) business days of arrival at the institution.

A CDCR form 7410, Comprehensive Accommodation Chrono, for lower bunk and lower tier housing, if housed in a multi-tier housing unit, will be issued to all pregnant offenders.

Pregnant offenders on methadone maintenance shall be recommended for immediate transfer to the California Institution for Women (CIW) through the CMO to CMO transfer process. (Refer to methadone treatment for pregnant offenders later in this article).

**54045.4 Medical Follow-up**

Positively identified pregnant offenders shall be provided with the following:

- Within seven (7) business days, the pregnant offender shall be scheduled for her first OB visit wherein a thorough history and examination shall be performed by the Supervising Obstetrician or NP, to determine the term of pregnancy and plan of care. Diagnostic studies shall be ordered based on the information provided in the Hollister Maternal/Newborn Record System forms.
- Pregnant offenders shall be referred for HIV counseling and testing.
- Pregnancy termination counseling regarding pregnancy interruption shall be provided if requested by the offender.
- Pregnant offenders shall receive pregnancy and childbirth education, information pamphlets, and other pertinent material.
- Pregnant offenders shall receive prenatal vitamins, iron, and folic acid.
- Pregnant offenders shall receive two (2) extra cartons of milk, two (2) extra servings of fresh fruit, and two (2) extra servings of fresh vegetables daily. The physician may order additional nutrients as necessary.

- Pregnant offenders shall be issued a CDCR Form 7410 for any medical accommodations or restrictions if indicated.
- Pregnant offenders shall be referred to the dentist on a priority basis for evaluation and treatment of periodontal disease.
- The OB Coordinator shall prepare, in advance, a Request for Authorization of Temporary Removal form for all pregnant offenders within 30 days prior to the delivery date. These forms shall be delivered to the Watch Commander's office. This shall enable custody staff to prepare the offender for transportation to an outside facility in a timely manner.
- Pregnant offenders shall be scheduled and ducated for their OB visits as follows, unless otherwise indicated by the supervising OB or NP:
  - Every 4 weeks in the first trimester and up to 24 – 26 weeks gestation.
  - Every 3 weeks up to 30 weeks gestation.
  - Every 2 weeks up to 36 weeks.
  - Weekly after 36 weeks up to delivery.
- Pregnant offenders shall be provided additional services based on the information provided in the Hollister Maternal/Newborn Record System forms.
- Every pregnant offender shall be referred to a Medical Social Worker for Case Management, to discuss placement of her unborn child and options available for proper placement and care of the child after delivery. A Medical Social Worker shall assist the pregnant offender with access to a phone to contact relatives even during their unendorsed status regarding newborn placement. The Medical Social Worker shall initiate and oversee the management of all newborn placements.

#### **54045.5 Outside Consultation – Labor**

Each institution housing pregnant offenders, based on geographical location in relation to the hospital, shall develop a local operating procedure to ensure a safe and healthy delivery.

When the pregnant offender is sent for medical treatment or consultation to an outside facility, copies of all prenatal forms and the completed

referral form to the outside facility shall accompany her. Any paperwork returning with the offender shall be given to the RN on duty in the Triage and Treatment Area (TTA), OHU or CTC, who shall notify the Supervising OB of the offender's return, medical status, and recommendations.

At the time of labor/deliver, a copy of all prenatal forms shall accompany the offender to the hospital.

#### **54045.6 Emergency Transport**

The HCM/CMO shall ensure that all institution medical staff are instructed in the emergency protocol. In the event of an emergency transport for the delivery of a baby, the Supervising Obstetrician, Physician, or RN shall immediately be notified and provide appropriate assistance and/or orders. A pregnant offender in labor shall be treated as an emergency and shall be transported immediately via ambulance. The HCM/CMO or supervising Obstetrician shall be informed of all emergencies by the medical staff on duty and be appraised of the offender's labor status.

The RN in the OHU, CTC, or OB clinic shall prepare all copies of prenatal forms that shall accompany the offender to the hospital. These prenatal forms shall be taken to the Watch commander's office immediately.

Custody staff shall prepare and accompany the offender for transportation to the outside facility via ambulance following emergency transport procedures.

All emergency medical transports shall take immediate priority and be expedited through the Vehicle Sallyport. The Watch Commander must take all necessary steps to ensure the emergency transport is processed as quickly as possible. Emergency medical transports shall be allowed to depart institutional grounds before, during, or after any institutional count.

The Outside Patrol Sergeant shall coordinate with the Central Control Sergeant and the Watch Commander for clearance of the offender being transported through the Vehicle Sallyport. The Watch Commander shall immediately notify the Correctional Captain/Administrative Officer-of-the-Day (AOD) in the event an emergency medical transport is delayed for any reason.

The Watch Commander shall notify the AOD of a child's birth. Notification shall include the name and CDC number of the offender, time of departure,

location of transport, and time of delivery. The medical department shall notify the Watch Commander of any non-routine deliveries.

#### **54045.7 Postpartum Care**

Upon return, any inmate-patient who delivers a child via C-Section shall be admitted to the OHU or CTC via the TTA. Any offender who delivers a child vaginally shall be assessed in the TTA to determine appropriate housing and initiate postpartum care.

Orders for routine postpartum care shall be noted and initiated by the RN in the TTA, CTC or OHU.

The Supervising Obstetrician or RN/NP shall determine when the offender is cleared for housing in the general population.

Medical lay-in shall be completed by the Supervising Obstetrician or RN/NP.

A ducat shall be issued for the offender's 6-week postpartum check-up. At the post-partum check-up, the Supervising Obstetrician or RN/NP shall determine whether the offender may be cleared for full duty or if medical restrictions are still warranted.

Offenders housed in the CTC shall follow the CTC policies and procedures as written.

Offenders shall be afforded family planning services if their release and/or parole date fall within 6 to 8 weeks after delivery.

#### **54045.8 Unit Health Records (UHR)**

The OB Coordinator shall maintain a health record, which includes the offender's name, CDC number, housing status, expected date of delivery, and the Hollister Maternal/Newborn Record System forms.

All documentation regarding pregnancy-related information shall be placed inside the Unit Health Record (UHR) by the Medical Records Department staff.

The Medical Records Department shall be notified of all pregnant offenders. Their responsibilities include:

- Entering the offender's name on the OB roster for distribution.
- Updating the roster every two weeks and distribute it to pertinent staff.
- Obtaining the offender's consent for record release and sending for any necessary medical

records as requested by the provider. Prenatal records shall be faxed immediately.

- Maintaining the confidentiality of the UHR in accordance with section 3370 of the Title 15.

#### **54045.9 Methadone Maintenance**

The CDCR shall provide methadone treatment to all pregnant offenders who have been on heroin or who are currently receiving methadone treatment.

The HCM/CMO or designee shall ensure that all medical staff are instructed on the Methadone Maintenance Treatment Programs protocol and procedures of the institution. Offenders on methadone maintenance shall be recommended for immediate transfer to CIW through the CMO to CMO transfer process.

The time and the last administered daily dose of methadone shall be verified by the OB Coordinator or RN on duty in the OHU, CTC, or TTA after hours, on weekends, and holidays; and reported to the HCM/CMO and the classification and Parole Representative.

While awaiting transfer, the OB Physician or the Physician on Call (POC) after hours shall admit the offender to the OHU or CTC where she shall remain until the transfer process is complete.

#### **54045.10 CIW Methadone Treatment**

The RN in R&R shall notify the Supervising Obstetrician of any offender being processed in R&R who is determined to be pregnant either by her own admission, physical appearance and/or written documentation, and who has used heroin within 2-3 days prior to incarceration either by her own admission or written documentation by the parole agent. The offender shall be referred to verify pregnancy, drug screening, and initiation of methadone if treatment is indicated.

Any pregnant offender receiving methadone treatment shall be enrolled in the Methadone Maintenance Program at the institution.

The RN or MTA in R&R shall notify the Supervising Obstetrician of any pregnant offender on methadone treatment who has transferred from another institution, county jail, or from the community. Once methadone treatment, including the dose, has been verified, the offender shall be enrolled in the Methadone Maintenance Program. The treating physician of the methadone program

shall provide regular assessment of all pregnant offenders on methadone.

A methadone chart shall be initiated and maintained to include all the forms required by the State and Federal Drug and Alcohol Departments.

#### **54045.11 Security**

Staff shall supervise pregnant offenders in the same manner as other female offenders, with the exception of application of restraint gear and physical restraint of pregnant offenders with force. Restraint gear (handcuffs) and physical restraint shall only be utilized when a pregnant offender poses a threat to the physical safety of herself or others (including the unborn child), threat of substantial damage to state property, or attempted escape. **No leg restraints or waist chains shall be applied to pregnant offenders.** In every instance, special effort shall be made to avoid harm to the unborn child. If handcuffs are applied, the offender's arms shall be brought to the front of her body for application.

When transporting the offender off grounds for medical care and treatment, the application of restraint gear shall be restricted to handcuffs to the front of the offender only. The Request for Authorization of Temporary Removal for Medical Treatment Form (CDC Form 7252) shall state in the "Remarks" section, "Application of restraint gear limited to handcuffs in front of offender only". **At no time shall a pregnant offender who is in labor be placed in restraints by the wrists, ankles, or both, including during transport, delivery, and while in recovery at the hospital after giving birth.** Recovery is the length of time the offender stays in the hospital after giving birth.

Pregnant offenders who have committed a serious disciplinary offense warranting placement in an Administrative Segregation Unit (ASU) shall be placed in segregation status, pending medical evaluation and administrative review. When escorting an offender to the ASU, application of restraint gear shall be restricted to handcuffs to the front of the offender only. No leg restraints or waist chains shall be applied to pregnant offenders. The Physician or RN shall perform the medical evaluation, with concurrence of the POC, within 24-hours, to document the offender's suitability for housing in the ASU. Pregnant offenders housed in the ASU shall be housed on the lower tier. Housing status, i.e., ASU or Security Housing Unit, does not require a special level of medical care. Medical

care, regardless of housing status, shall be based on the offender's medical condition as determined by appropriate medical care providers.

The Facility Captain shall conduct the Administrative Segregation Placement Order review and hearing in accordance with applicable California Code of Regulations. If it is determined that the offender's medical condition would not preclude housing in the ASU and her behavior warrants continuous segregation, the offender shall be retained in the ASU and housed on the first tier in a lower bed. The offender shall be referred to the Institutional Classification Committee if retention is recommended beyond 10 days. While in ASU, the offender shall continue to receive prenatal medical care and treatment.

#### **54045.12 Diagnosis of Periodontal Disease**

Pregnant offenders, in the second trimester, shall receive a comprehensive full mouth periodontal examination, charting, and classification to determine the periodontal condition and an appropriate treatment plan. The second trimester is the safest period in which to provide routine dental care. The emphasis in the dental treatment during this time period is to control active disease and eliminate potential problems that occur later in pregnancy. Elective dental care and treatment is best postponed since prolonged chair time should be avoided to prevent complication of supine hypotension. Pregnant offenders shall have their plaque index score determined and recorded on a CDCR Form 237B or 237C.

#### **54045.13 Treatment of Periodontal Disease**

Pregnant offenders shall benefit from the Periodontal Disease Program as delineated here and in Inmate Dental Services, Chapter 2.5, Periodontal Preventive Program for Pregnant Inmates.

#### **54045.14 Education**

Methods and procedures to control periodontal disease shall be taught and demonstrated to pregnant offenders by dental staff as outlined in Chapter 2.4, Periodontal Disease Program.

#### **54045.15 Clinical Treatment**

Pregnant offenders, in the second trimester, shall receive routine scaling and prophylaxis regardless of their ability to comply with acceptable personal oral hygiene procedures during the gestation period. This treatment shall occur within their second trimester of gestation. A re-evaluation shall be

accomplished within the first half of the third trimester.

Pregnant offenders with moderate or advanced periodontitis shall receive non-surgical deep scaling and root planning procedures, regardless of their ability to comply with acceptable personal oral hygiene procedures during the gestation period. This treatment shall occur within their second trimester. A charting and re-evaluation shall be accomplished 30 days following completion of deep scaling and root planning procedures, and subsequent follow-up care planned.

The attending dentist shall not utilize subgingival periodontal medication (e.g., Atridox, Periostat, etc.) in the treatment of pregnant offenders. Tetracycline medications are contraindicated in the treatment of pregnant women.

All pregnant offenders' periodontal treatment visits shall be documented by the attending dentist on the appropriate CDCR Form 237B or 237C.

#### **54045.16 Child Birth**

During pregnancy, the offender may elect to have a support person present during child birth. The support person may be an approved visitor or the institution's Doula. The approval for the support person will rest with the Warden or designee and will be on a case-by-case review. Reason for denial shall be provided to the offender in writing and must address the safety/security concerns for the offender, infant, public, and/or staff.

Offenders shall be allowed to walk as prescribed by the attending doctor. The area used to walk around will be determined based on security needs.

#### **54045.17 Visiting**

Appointed guardians of the child and individuals who wish to visit the inmate-patient and child in the hospital shall comply with applicable California Code of Regulations, Article 7, Visiting rules.

#### **54045.18 Pregnant Offender Property**

Pregnant offenders will be allowed one additional larger pair of shoes to accommodate the swelling of their feet.

#### **54045.19 Breastfeeding**

Offenders shall be informed of the benefits of breastfeeding. In addition to the benefits, offenders should be educated about breastfeeding with active tuberculosis, HIV infection, illicit drug use, and

while on certain prescribed medication. Offenders who choose to breastfeed their baby shall be allowed access to a breast pump and refrigerator/freezer to store the pumped milk. The breast pump shall be a manual pump able to be cleaned with soap and water. Coordination for the milk to be picked-up by the child's care giver shall be arranged prior to pumping and storing the milk.

#### **54045.20 Community Treatment Programs**

Any offender who gives birth after her receipt by the CDCR shall be provided notice of and written application for the Community Prisoner Mother Program (CPMP) and declared eligible to participate upon meeting the criteria. The notice shall contain the guidelines for qualification, the timeframe for application, the program, and the process for appealing a denial of admittance.

Family Foundations Program (FFP) is an alternative sentencing program in which mothers are recommended for placement by the sentencing court. When an offender who meets the criteria for FFP placement is received in prison, staff shall refer the offender's case back to the sentencing judge recommending placement into the FFP program.

Any community treatment program shall include, but is not limited to:

- Prenatal Care.
- Access to prenatal vitamins.
- Childbirth education.
- Infant care.

#### **54045.21 Revisions**

The Associate Director, Female Offender Programs and Services, or designee, shall ensure the contents of this section are current.

#### **54045.22 References**

Assembly Bill 478 (Lieber) (chapter 608, Statutes of 2005).

PC §§ 5007.7.

CCR §§ 3074.3

Inmate Dental Services, Chapter 2.5, Periodontal Preventive Program for Pregnant Inmates.

Inmate Medical Services, Volume 4, Chapter 24.